

Vision List

Name _____ Date _____

1. What would you ideally like to see yourself successfully creating, achieving, accomplishing at this point in your life right now?

2. What would you like to be able to *do* that you feel like you *can't* do now?

3. What would you like to *stop* doing that you *are* doing now?

4. What else would you like to be able to do differently, do better, or do more effectively?

5. Assuming it was real & genuine, not just a "put on," how would you like to be acting and behaving on a moment-by-moment basis?

6. How would you like to be relating to & interacting with other people [or any particular person(s)]?

7. What personal traits or characteristics would you like to strengthen or develop more of?

8. How would you like to be feeling physically?

9. And now would you like to be feeling *emotionally*?

10. And last but not least – and this is probably the hardest one because it's so broad – how would you like to be *thinking*?

Key Take Home & Brainstorming Project: Instruct the client to prioritize Barriers to eliminate AND Traits to strengthen.